

Prescription Benefit
Individual or Family Enrollment Form

Select one of the following options:

Enroll Yourself Only \$19.95 US for Annual Membership

Enroll Yourself, Spouse and/or Dependent Only \$24.95 US for Annual Membership

Please complete (print) the following information and return with your payment to:

MyRxcard.com
325 Big Elm St.
Highland Village, TX 75077

First Name: _____ MI: _____ Last Name: _____

Your Sex: M or F (circle one)

Birth Date: ___/___/_____ (xx/xx/xxxx)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____ (Not required)

Enrollment Information For Additional Individuals To Be Covered.

Spouse:

First Name: _____ MI: _____ Last Name: _____

Your Sex: M or F (circle one) Birth Date: ___/___/_____ (xx/xx/xxxx)

Dependent:

First Name: _____ MI: _____ Last Name: _____

Your Sex: M or F (circle one) Birth Date: ___/___/_____ (xx/xx/xxxx)

Dependent:

First Name: _____ MI: _____ Last Name: _____

Your Sex: M or F (circle one) Birth Date: ___/___/_____ (xx/xx/xxxx)

Dependent:

First Name: _____ MI: _____ Last Name: _____

Your Sex: M or F (circle one) Birth Date: ___/___/_____ (xx/xx/xxxx)

Dependent:

First Name: _____ MI: _____ Last Name: _____

Your Sex: M or F (circle one) Birth Date: ___/___/_____ (xx/xx/xxxx)

Dependent:

First Name: _____ MI: _____ Last Name: _____

Your Sex: M or F (circle one) Birth Date: ___/___/_____ (xx/xx/xxxx)

Dependent:

First Name: _____ MI: _____ Last Name: _____

Your Sex: M or F (circle one) Birth Date: ___/___/_____ (xx/xx/xxxx)

Dependent:

First Name: _____ MI: _____ Last Name: _____

Your Sex: M or F (circle one) Birth Date: ___/___/_____ (xx/xx/xxxx)

Your Sex: M or F (circle one) Birth Date: ___/___/_____ (xx/xx/xxxx)

If necessary, please add additional dependents on another page using this same format. Enclose your check or money order. Prescription benefit card, instructions and information will be mailed to you upon receipt of payment. Please allow 5-7 days for delivery. All sales are final. Pricing is based on annual membership. Renewal notifications will be mailed annually. Thank you for purchasing our card and enjoy your savings. Marketed by Garth Marketing Group. Services provided and managed by SPC Global Technologies, LTD.